



Health Professions Quality Assurance
Massage Program
PO Box 1099
Olympia, WA 98504-1099
360.236.4700

Animal Massage Practitioner Endorsement Application Packet

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Important Social Security Number Information:

Social Security Number: You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request: Return Completed Applications to:

Department of Health
Massage Program
Licensing and Certification Section
PO Box 1099
Olympia, WA 98504-1099

Send additional documents to:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
360.236.4700



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General Instruction Checklist

It is the applicant's responsibility to submit the correct forms to the appropriate entities to obtain verification information for the application for a animal massage practitioner license.

All Applicants:

To obtain an animal massage endorsement, you must first be licensed as a massage therapist.

Please read all instructions thoroughly and complete the application in full. The board will not consider an application that lacks any documentation. If you need additional space to respond to a question, attach separate sheets, indexed to the appropriate question, to the back of the application. To ensure appropriate review, all information should be typed or printed clearly. A resume **cannot** substitute for completion of the application.

Be sure to indicate if you are applying for a small animal endorsement or a large animal endorsement by marking the appropriate box at the top of the application form.

☐ **Step #1: Demographic Information:**

Social Security Number: You are required by state and federal law to provide a social security number with your application.

If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

Name: List your current name with middle initial.

Residential Address: Identify the address to which you wish all correspondence, including your credential, delivered. This will become your address of record for all Department of Health transactions until we are notified of a change.

Telephone Number: Enter current number where you may be reached during normal business hours.

Additional Data: This information is required to update the department's database and confirm information from your previous (initial) application.

☐ **Step #2: Personal Data Questions:**

All applicants for certification are required to answer the same personal data questions. These are narrowly focused on your fitness to practice the essential skills of this profession.

If you answer "yes" to any questions in this section, you must provide an appropriate explanation and the documentation listed in the note following the question. If you do not provide the documents, your application is incomplete and will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can obtain copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- For question 5. You must answer yes if you were convicted as either a juvenile or adult. The question includes misdemeanors, gross misdemeanors and felonies. "Another jurisdiction" means any other country, state, federal territory, military or establishment.



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General Application Checklist cont.

- ☐ **#3: Professional Training and Education:**
Provide a chronological listing of your educational preparation and post-graduate training. If you need additional space, attach a separate piece of paper.
Training: Provide a listing and submit documentation of all small or large animal massage training you have successfully completed.
In accordance with [RCW 18.108](#), a massage practitioner licensed under this chapter may apply for an endorsement as a small or large animal massage practitioner upon completion of one hundred hours of training.
Training must include the following:
- 25 hours of animal massage techniques
 - 25 hours of animal kinesiology
 - 20 hours of animal anatomy and physiology
 - 4 hours of animal first aid which includes knowledge of normal vital signs, identification of emergency or life threatening situations, emergency first-aid application, and legal boundaries of emergency situations.
 - 26 hours of proper handling techniques which must include instruction on the ability to control the animal to minimize risk of harm to the animal and the animal massage practitioner.
- ☐ **#4: Previous Credentialing:**
List all credentials you have held since last being credentialed in Washington State. List in chronological order, most current first. Include your last active credential in Washington State. If you need additional space, attach on a separate piece of paper.
- ☐ **#5: Applicant's Attestation:**
You must be sign and date this in order to process the application. Please read thoroughly to ensure you understand the provisions in this section.



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Background
Check
Stamp
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Date
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Application for Massage Practitioner Endorsement

Check Appropriate Box: ☐ Small Animal Endorsement ☐ Large Animal Endorsement

Please Type or Print Clearly—It is the responsibility of the applicant to submit, or request to have submitted, all required supporting documents. Failure to do so could result in a delay in processing your application. Make sure you have read and understand the instructions.

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)

— —

Name ☐ Mr. First Middle Last
☐ Ms.

Birth date (MM/DD/YYYY)

Place of Birth

City

State

Country

Address

City State Zip County

Country

Mailing address if different from above

City State Zip County

Country

Phone () Fax () Cell ()

Email Address:

NOTE: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No

If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No

If yes, list name(s):

For Office Use Only

Issuance Date _____ License # _____

Validation _____ Received Date _____

2. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☐

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice have reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another jurisdiction state?..... ☐ ☐

Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

YES NO

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ YES ☐ NO
 - b. Diverted controlled substances or legend drugs? ☐ YES ☐ NO
 - c. Violated any drug law? ☐ YES ☐ NO
 - d. Prescribed controlled substances for yourself? ☐ YES ☐ NO
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach explanation and provide copies of all judgments, decisions, and agreements? ☐ YES ☐ NO
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ YES ☐ NO
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ YES ☐ NO
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ YES ☐ NO

3. Training (100 Hours of training on either large or small animal massage at a Board of Massage approved program)

Training must include of the following:

- 25 hours of animal massage techniques
- 25 hours of animal kinesiology
- 20 hours of animal anatomy and physiology
- 4 hours of animal first aid which includes knowledge of normal vital signs, identification of emergency or life threatening situations, emergency first-aid application, and legal boundaries of emergency situations.
- 26 hours of proper handling techniques which must include instruction on the ability to control the animal to minimize risk of harm to the animal and the animal massage practitioner.

Name of training and provider	Number of hours	Attendance	
		Entrance date	End date

4. Other Licensure, Certification, or Registration

List all states (including Washington) where licenses/certifications/registrations are or were held.

State	License/Certification/Registration Type	License/Certification/Registration		Method of licensure		
		Year issued	Number	Exam	End	GF

10. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
(print applicant name clearly)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and RCW [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____ (city, state)

by: _____
Signature of applicant



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Health Professions Reference Numbers and Links

RCW Links

[UDA RCW 18.30](#) Uniform Disciplinary Act
[APA RCW 34.05](#) Administrative Procedure Act

AIDS Courses

Health Impact 1.800.783.2437 **or** 206.284.3865
W.F. Professional 1.800.323.4305
AIDS Resources 206.784.5655
Red Cross offers AIDS Classes.
You can also contact your local health department.

On-Line

Board of Massage . https://fortress.wa.gov/doh/hpqa1/hps3/Massage_Therapy/default.htm
National Certification Board www.ncbtmb.com
Online AIDS training www.healthinfonetwork.org
Federation of State Massage Therapy Boards www.fsmtb.org
Washington State Approved Massage Programs
https://fortress.wa.gov/doh/hpqa1/hps3/Massage_Therapy/schoollist.htm
Currently Approved Jurisdictions
https://fortress.wa.gov/doh/hpqa1/hps3/Massage_Therapy/newlicense.htm#Other%20Jurisdiction

Required Hours of CE Training (after license has been issued) 16 hours every 2 years